LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote.

COMMISSION MEETING MINUTES
July 8, 2004

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	OAPP STAFF
Nettie DeAugustine, *Co-Chair*	Al Ballesteros, *Co-Chair*	Michael Arrigo	Patricia Gibson
Ruben Acosta	Ruth Davis	Cinderella Barrios-Cernik	Michael Green
Jayne Adams	Nancy Eugenio	Kathy Bouch	Raymond Johnson
Adrian Aguilar	Alexander Gonzales	Anthony Brazier	Elaine Kok
Carla Bailey	Charles Henry	Donna Brown	Vicky Nagata
Mark Briggs	Wilbert Jordan	Richard Brown	Diana Vasquez
Carrie Broadus	Michael Lewis	Gordon Bunch	Juhua Wu
Robert Butler	Dan Mejia	Mark Casanova	
John Caranto	Dana Pierce-Hedge	Kathleen Cogger	**COMMISSION STAFF**
Charles Carter	Alexis Rivera	Hugo Farias	Virginia Gomez
Richard Eastman	Paul Scott	Raul Figueroa	Marc Haupert
Whitney Engeran	Fontaine Shockley	Susan Forrest	Jane Nachazel
Gunther Freehill	Vanessa Talamantes	Alex Garcia	Tina Quatro
William Fuentes	Kevin Van Vreede	Peter Grant	Darlene Stevenson
David Giugni	Fariba Younai	Miki Jackson	James Stewart
John Griggs		Cleve Jones	Craig Vincent-Jones
Michael Gray		N. Kann	Nicole Werner
Richard Hamilton		Oscar Marquez	
Rebecca Johnson-Heath		John Meade	
Marcy Kaplan		Bennett Mills	
Brad Land/Dean Page		Lupe Morales	
Anna Long		David Murillo	
Andrew Ma		Michael O'Connor	
Elizabeth Marte		Everett Orozco	
Edric Mendia		Arzina Robinson	
Vicky Ortega		John Rowe	
John Palomo		Natalie Sanchez	
Mark Parra		Walt Senterfitt	
Chris Perry		Sandy Soy	
Wendy Schwartz		Maribel Ulloa	
Kathy Watt		Gary Vrooman	
		Jan Wise	
		Rocio Yong	
		Georgina Yoshioka	

I. **CALL TO ORDER**: Ms. DeAugustine called the meeting to order at 9:45 a.m. She said that Mr. Ballesteros was not in attendance due to illness, but was expected to be back at work in a week. The Commission had sent flowers and he was receiving calls and emails. Self-introductions were made.

II. **APPROVAL OF AGENDA:** The agenda was approved. **MOTION #1:** ***Passed by Consensus.***

III. **APPROVAL OF MEETING MINUTES**: The June 10, 2004 meeting minutes were approved with three corrections: **MOTION #2:** ***Passed by Consensus.***

IV. **PARLIAMENTARY TRAINING**: Mr. Stewart noted that a long motion was on the agenda. Should anyone wish to make changes to it, the proper way to accomplish that is to make a motion for the desired change rather than to merely express an opinion about it. Such motions allow the assembly to move the subject forward for effective deliberation.

V. **PUBLIC COMMENT (Non-Agendized)**: Cleve Jones introduced himself. He is a 20-year survivor of HIV and founder of The Names Project AIDS Memorial Quilt. He said he assumed the position of LA Shanti, Executive Director, on July 1st. Having lived in Palm Springs for the last several years, he is now living in West Hollywood. He thanked the assembly for its dedication and looked forward to working with the Commission.

VI. **STANDING COMMITTEE REPORTS**

A. **Joint Public Policy (JPP) Committee** Mr. Engeran reported.

1. ***Community Forum: Public Health Dialogue:*** A flyer is in the packet for the July 13th dialogue with Dr. Fielding, the Los Angeles County Health Officer. This special meeting of the JPP Committee is intended to discuss the HIV exposure in the adult film industry and the proposed Commercial Sex Venue (CSV) guidelines.
2. ***Annual Meeting: Reauthorization:*** He called attention to the Commission Communication form in the packet recommending the theme for the Annual Meeting in order to address the various issues and gather public input from the Commission's constituents about the Ryan White CARE Act.
   - Mr. Vincent-Jones said it had been noted that the Annual Meeting dates listed conflict with Veteran's Day. The dates will therefore have to be shifted slighted.
   - Mr. Hamilton asked if any other themes had been suggested. Ms. DeAugustine replied that none had been.
   - Mr. Engeran added that the Board had moved to include the Commission in strategizing for the Reauthorization. Dedicating the Annual Meeting to the subject would assist in that effort.
   - Ms. DeAugustine added it would also help educate the Commission in this important aspect of its work.
   - Mr. Land noted that he had recommended the Commission consider reviewing the ethics and values paradigms structure used in the priority-setting process. He felt Reauthorization was a critical topic, though, and needed to be the focus, but that the values discussion should be addressed in the future.
   - Mr. Freehill contributed that Mr. Hamilton's and Mr. Land's comments highlight specific Commission functions that can be framed around discussion of CARE Act Reauthorization: for example, ethical considerations and priority-setting are key to the CARE Act. He said this discussion can focus, not on politics, but on how the role of the Planning Council is, or is not, informed or propelled by the CARE Act.

   MOTION #3: ***Passed by Consensus***
3. ***Names-based HIV Reporting:*** Mr. Engeran noted the motion was complicated, so a PowerPoint was prepared to help review it. Both the PowerPoint and the JPP Policy Statement on the subject are in the packet.
   - Ms. DeAugustine reported there has been significant statewide discussion of the CDC's continued rejection of code-based HIV data. While HIV data has not yet been implemented as the base from which to gauge epidemic requirements, the 2007 deadline for converting to HIV data is closing in and will likely have a negative impact on funding should California remain code-based. Any shift will require time, energy and money, so while the deadline is not immediate, action in time to meet it is critical.
   - It was clarified that, while names do not go to the Federal government, they do go to the State which must have a federally approved system for unduplicating data prior to forwarding it.
   - In response to a question, Mr. Bunch said that conversion to a names-based system would probably require previously reported cases to be reported again. Another option would be to keep previously reported data separately while moving forward with names-based data in order not to fall behind.
   - Mr. O'Connor from HALSA said a large aspect of their legal work assisted people whose confidentiality about their HIV status had been breached. While neither supporting nor opposing any position, HALSA wished to ensure that people's legal needs were evaluated and met should names-based reporting go into effect—for example, through attention to appropriate data storage and greater financial support for legal services.
   - Ms. DeAugustine noted that AIDS is already reported by name. She said she was unaware of any public health or CDC breaches of confidentiality and only a very few from private doctors' offices.
   - Mr. Bunch said that unlawful disclosure of HIV or AIDS data in California is subject to criminal and civil penalty. There has, in the last 24 years, been one health department breach of confidentiality in Florida

close to ten years ago. He felt the code-based system poses a greater security risk, because providers are required to maintain a cross-reference log with the code and the person's name, as well as confidentiality procedures for it. In the two years since the system was enacted, he noted, two providers have misplaced or lost logs that have not been recovered to date.

- Ms. DeAugustine added that Long Beach did its own surveillance and has strict rules, for example, about the room securing the computers used for data entry and reporting systems.
- Mr. Bunch said only HIV/AIDS Surveillance Unit personnel have access to data in his office. He noted that, by law, such data cannot be subpoenaed.
- Mr. Acosta asked for clarification of the difference in efficiency between the two systems. Mr. Bunch replied that HIV Epidemiology receives a code for HIV cases from the lab that must then be matched with a case from a provider. His staff reports 80% of cases, because providers are generally poor at reporting. Staff can request a case from a provider by name when AIDS name-based reporting generated the case. In those cases, the medical record needed to complete the case is nearly always available. However, HIV code-based cases must be linked to a medical record through a cross-reference log. Those logs are often poorly kept so a great deal of work is required to identify the medical record, if it can be identified at all. AIDS case reporting is current, he added.
- Mr. Engeran acknowledged the historic, and historically valid, concern about names reporting. The climate, however, has changed with the implementation of Federal laws like the Americans with Disabilities Act and HIPAA, as well as laws protecting data from subpoena. Today, as HIV care becomes more integrated into health care, he felt that keeping HIV reporting separate plays on other people's prejudices about the nature of HIV/AIDS as a disease.
- Ms. Marte expressed concern about how people would be informed about reporting of their test, as reporting by name could discourage testing. It was noted that people need to choose before testing whether they will be tested anonymously or not. The test consent form includes information about the test chosen.
- Mr. Bunch clarified that, while the CDC accepts code-based data, it does not do anything with it. Mr. Freehill said 13 states, plus Philadelphia excepting the rest of Pennsylvania, have been using code-based reporting. Ms. DeAugustine said originally the CDC agreed to accept code-based data so long as it could be proved that it achieved an accuracy rate of 85%, but they have not validated anyone's accuracy, so data is not being used.
- Ms. Schwartz expressed concern about the third item of the motion on immediate and accessible media coverage. While she agreed the public should be informed, she did not trust the media to address the public responsibly. She moved to amend the motion by removing Line 3.

MOTION #4a: ***Passed by Consensus***

- Mr. Vrooman, President, Being Alive South Bay, and member, Southern California HIV Advocacy Coalition (SCHAC) said SCHAC and most other organizations have consistently opposed name-based reporting. Due to the significance of the change, he felt a one-month delay for community input was appropriate. He said he is on nine committees dealing with HIV and had not heard about it.
- Mr. Palomo said he felt stigma was perpetuated by not treating HIV like any other reportable disease.
- Mr. Parra agreed with Mr. Engeran, but felt public trust could be impacted unless further outreach to the community could be done to allay fears.
- Mr. Engeran said the JPP agenda was distributed widely and he also contacted many people and was contacted by many people.
- Mr. Briggs said he had to identify himself when he first obtained services. He was concerned, however, about information pertaining to the undocumented. Ms. DeAugustine said the law requires any potential subpoena to be very specific about requested information. Even those subpoenas are rare and the rest of the medical file remains sealed.
- Mr. Acosta asked if pressure had been placed on the CDC to accept code-based reporting. Ms. DeAugustine confirmed there had been advocacy to support the CDC using code-based data. Mr. Freehill said several members of Congress had also attempted to sway the CDC without result.
- Mr. Gray noted that, while there are other aspects to the decision, the only reason he would vote for it was because funding is imperiled if the CDC continues to refuse HIV data.
- Mr. Freehill noted there has been full-name reporting for the 25,000 people in this care system with no breach. He added this discussion has been ongoing for 10 or 15 years, so the public is well-versed. He did not feel a delay was needed since the recommendation had to go to the Board and through other County processes before enactment.

- Ms. Watt suggested adding an educational component to the motion.

MOTION #4b: ***Passed by Consensus***

- Mr. Land said that our law and democracy is only as good as we make it. With HIPAA, Belmont and other legislation in place, it was up to us to enforce those protections and rights.
- Mr. Eastman moved to postpone the matter for 30 days. Ms. DeAugustine noted a postponement would need to be for at least 60 days, since the next meeting was dedicated to priorities and allocations. Mr. Eastman adjusted the motion to 60 days.
- Mr. Engeran said he had not abrogated his voice as a member of the community by membership on the Commission. To the contrary, many Commissioners represent the community at the table and take information from the Commission out into the community. He felt the Commission should lead by voting the recommendation forward and then ensuring education in the community. Mr. Briggs agreed.
- Mr. Hamilton supported postponement to allow an opportunity to obtain fuller community buy-in, even if ultimately the Commission moves forward without that support.
- Mr. Land asked Mr. Bunch to comment on any difficulties other states might have experienced with names-based HIV reporting. He answered that in an evaluation of about six states comparing HIV testing patterns 12 months before and 12 months after HIV reporting, there was some variability from state to state, some showing increases in HIV testing and others slight decreases, but with no net change overall. MSMs and IDUs were more likely to show testing reductions than others.
- The HIV Testing Survey, in three iterations over last five years, found most people unaware of the kind of reporting in their states. Main reasons given for delaying testing were: not seeing themselves to be at risk and not wanting to know their status. Only 2% to 3% were concerned about anonymity.
- Mr. Griggs felt postponing the motion was a disservice to the community. Mr. Page and Ms. Heath-Johnson agreed.

MOTION #4c: *Motion Fails: Ayes, 3; Noes, 23; abstentions, 2*

MOTION #4: *Motion Passes: Ayes, 24; Noes, 4; abstentions, 0*

4. ***Response to Title I Cuts (FOIA Request):*** A letter in the packet provides the case number for the inquiry.
5. ***Alcohol and Drug Program Administration:*** *Community Access Service Centers (CASC):* Mr. Engeran said there had been a productive discussion with ADPA about their programs and set-aside dollars. They are here accepting the Commission invitation to provide more information. Richard Browne, Director, Program Development and Technical Assistance at ADPA, began by providing a PowerPoint presentation.
   - CASC sites may offer treatment and recovery services, or other services in conjunction with community-based human service organizations in order to provide the broadest possible range of substance abuse and mental health services.
   - The Addiction Severity Index (ASI) is used for alcohol and other drug assessments; Behavioral Health Assessment Program (BSAP) is used for persons with mental health disorders.
   - An HIV/AIDS Specialist is on site at the CASC lead agency to provide specialized services and a bridge to treatment for needle exchange participants who agree to enter a treatment and recovery program.
   - For FY 2002-03, CASCs did approximately 34,000 assessments and referred about 31,000 people to treatment. About 87% of referrals enrolled in treatment.
   - Representatives of CASC sites in each SPA discussed their programs.
   - Over 95% of PWH/As in the Antelope Valley have a co-existing substance abuse problem, so prevention and education services are provided in the alcohol and drug treatment centers. Prevention and education is also offered through local teen clubs and colleges.
   - In SPA 7, a common problem is lack of information about services and fear of stigma. About 60% of the population is Latino.
   - The South Gate area needle exchange program includes works, harm reduction information, and testing for HIV and Hepatitis C. A streetwise group meets bimonthly to discuss issues in the downtown area. Clients commonly come to the CASC already in crisis, possibly with a dual diagnosis, and lacking a diagnosis form, TB clearance, ID and/or someplace to live. Crisis case management is provided according to need.
   - Mr. Engeran asked about the size of the HIV set-aside and how ADPA programs were reviewed in light of OAPP programs so as not to duplicate services. Mr. Brown said that 5% of the total block grant is set aside for HIV services of counseling, testing and early intervention. There is no specific review for duplication of services, but ADPA services are relatively small. CASC-wide, 16 hours of training is required for all providers, but the bulk of HIV work is done by the HIV Resource Specialist. Initially the positions were paid for by ADPA, but are now being funded through the set-aside.

- Ms. DeAugustine said there did not seem to be a great deal of duplication, but that better communication among the various agencies could enhance service overall through better linkages.
- Mr. Land invited CASC representatives to Service Provider Network (SPN) meetings.
- Mr. Acosta requested more information about mental health referrals. In response it was noted that the CPNs and SPNs are being merged into the "Care and Prevention Networks". An enhanced link referral system is being rolled out with a wide range of services that can be tailored to the individual's needs.
- Ms. Schwartz complimented their work. She clarified that their roll-out of needle exchange applies to the County certification program. The City of Los Angeles has funded needle exchange since 1994 and currently funds seven agencies with multiple sites.
- Mr. Page asked if they knew how many of those assessed were HIV+. They did not.
- Mr. Perry asked how many of the 33,718 referrals were from Proposition 36 and, also, if CASC members did HIV testing or referred for testing.. Mr. Brown replied about 12,000 were from the general lead population and about 4,000 are from CalWorks. Some testing is done internally while others are referred. One CASC representative said 323 people were tested in the last year-and-a half, of whom 18 were HIV+, at their site, two needle exchange sites and through a collaborative project with RAND Corporation. Regarding case management, he said he had worked with 113 duplicated and unduplicated clients during that period.
- Mr. Griggs asked about health care in the Antelope Valley. The CASC representative said they referred them for treatment and services. Recently Hepatitis C has also been tested for, although originally there were no services for it as it was not considered to be an STD.
- Ms. Watt noted that, just as there is stigma around HIV/AIDS, there is also stigma around alcohol and drug addiction. For that reason, there is probably little duplication since many of the programs targeted toward the latter attract people who would go to HIV/AIDS programs. She suggested that our providers could benefit from a basic training in alcohol and drugs like theirs receive in HIV/AIDS.

6. ***Therapeutic Monitoring Program:*** Mr. Engeran said the budget is still in negotiations. Mr. Freehill said it still looked good. There was no indication that the Governor was likely to blueline the $3M for the program, though there was no guarantee.
7. ***Separation of JPP:*** Mr. Engeran noted that JPP plans to review the potential separation of JPP back into its respective bodies at the next meeting. The discussion has been prompted by the votes and discussion of the Commission and PPC on structure, as well as the discussions between him and the PPC JPP co-chair.

B. **Recruitment, Diversity and Bylaws (RD&B) Committee**: Mr. Butler reported.

1. ***Membership Tables/Information:*** Demographic information on Commission members is in the packet. Overall representation is good, though Latinos are a bit low.
2. ***Revised Commission Application:*** Comments made at the last Commission Meeting have been incorporated into the revised application in the packet. No additional comments were received during the 30-day review.
   - Mr. Freehill noted OAPP was identified as the "Office of AIDS Programs and Planning" rather than the "Office of AIDS Programs and Policy" on page 10 of 20. Mr. Butler added that a line was cut off on page 6, number 3. He said both would be corrected.
   - Mr. Freehill said there was an addition of a seat reference to a Title II Local Consortium, replacing the Title II Fiscal Agent, on page 10, third item. He said there has not been such a consortium in Los Angeles County since Year 8, so was not sure what that referenced.

   MOTION #5: ***Passed by Consensus with noted corrections.***
3. ***Nominee Evaluation and Scoring Form:*** The form is basically the same as that approved in 2003, with changes made to better reflect current needs.

   MOTION #6: ***Passed by Consensus.***
4. ***Consumer Training Report:*** Mr. Butler said there was an April, three-day, HRSA, consumer training in Santa Fe, NM, attended by Ms. Bailey, Mr. Griggs, Mr. Vincent-Jones and himself. He provided a PowerPoint presentation.
   - The Tuckman Model of group development was taught.
   - The decision-making process, describing the flow of funds from the Federal government down through the services providers, was discussed.
   - Discussed extensively with other Planning Councils (PCs) HRSA's goal for PCs to be semi-autonomous bodies vis-a-vis the other planning partners. Los Angeles is advanced in this regard.
   - The cycle of planning was discussed.

- Mr. Acosta asked how often HRSA gives the training and how people were selected to attend. Mr. Vincent-Jones said this was a special training, in part because HRSA is developing a manual on the subject. One of the consultants used has also presented here, so it would be possible to arrange a program for the Commission. Travel for PC members is restricted to the number and type of attendees HRSA designates, for example, two consumers, one co-chair and one staff person for this training.

5. ***Ordinance Sunset Review***: A copy of the Commission on HIV Health Services Sunset Review self-assessment is in the packet. Also in the packet are a copy of the report by David Janssen, Chief Administrative Officer, to the Board on the membership recommendations, a chart of the membership recommendations, and the short version of the Ordinance changes approved by the Commission.
6. ***Website Report***: Progress continues, though a specific start-up date is not yet available. A mock-up of the site is in the packet. Comments can be emailed to Mr. Butler or Mr. Vincent-Jones.
   - Mr. Vincent-Jones said the development plan has been extended to two years in order to accommodate staff and monetary needs.
   - Most shaded areas will go up on the website first, with an emphasis on membership information.
   - Implementation has been delayed due to the sophistication of the site, but the target is eight weeks.

C. **Standards of Care (SOC) Committee**: Mr. Senterfitt presented.

1. ***Incorporating Prevention into Primary Care:*** He noted he was presenting since he had been involved in development of this standard when he was a visiting scientist at the CDC. PowerPoint slides were in the packet.
   - Effort was made to bring as many people and groups as possible into the development process in order to ensure buy-in and utilization of the standard. While some, like OAPP and Dr. Jordan, have already been incorporating prevention into care, the goal is to normalize that practice.
   - More than 50% of PLWH/A, even if they do not know their status, do access medical care so can be reached with prevention messages in that setting.
   - In studies of multiple prevention areas, the single most effective stimulant to change is a message from the medical provider.
   - It is important to recognize that a person's HIV+ status does not necessarily mean s/he is knowledgeable about transmission risks.
   - Drug use harm reduction and referrals is not limited to injection use, but also other substances that put people at risk.
   - Because people's situations change over time, it is important to reassess risks over time.
   - The motion, the standard and a development plan for implementation are in the packet.
   - Mr. Freehill asked about implementation funding for medical outpatient providers. Mr. Briggs said he would refer that back to the SOC and Finance Committee. Mr. Vincent-Jones related that part of the Committee's intent is to find out what's already being done and then, depending on that and best practices, address the financial impact. It is contractually required to do prevention in primary medical, but there is little guidance other than that.
   - Mr. Freehill asked Ms. Gibson if it was feasible to incorporate this into the rate review. She replied that had already been done.

   MOTION #7: *Passed by Consensus*.
2. ***Standards Development Process:*** Mr. Briggs presented the Standards Development Plan, in the packet, which details a process to create or revise standards for all funded service categories over the course of a year.
   - Mr. Vincent-Jones noted that Jo Messore, the EMA's Title I Project Officer, had pointed out during her last visit that the Commission did not have standards in all of its service categories.
   - Technical assistance is being requested from HRSA and coordination is being done with the administrative agency to facilitate the project.

   MOTION #8: *Passed by Consensus*.
3. ***Meeting Date/Time Change:*** Mr. Vincent-Jones noted that, due to an internship received by one of the co-chairs, the meeting has been moved to the first Thursday of the month from 9:30 to 11:30 a.m.

D. **Priorities and Planning (P&P) Committee**: Mr. Land reported.

1. ***Year 15 Priority/Allocation Process:*** Last month Ms. DeAugustine, Mr. Vincent-Jones and Mr. Land went to Oakland for a conference on managing scarcity. The priority-setting process in the packet was developed with principles discussed during the conference that will be utilized during July's Priority- and Allocation-Setting.

- Year 15 priority- and allocation-setting this year will provide scenarios for flat-funding, a 5% reduction and a 10% reduction.
- Different financial outlooks call into play different qualities in the decision-making process.
- All were invited to attend the Priority- and Allocation-Process series of meetings in progress with: July 20th, service utilization; July 27th, decision-making and instructions to the Finance Committee; July 29th, the Finance Committee, allocation recommendations; July 30th, review of Finance Committee recommendations for forwarding to the Executive Committee; August 2nd, Executive Committee; August 12th, the Commission Meeting, devoted to Priority-and Allocation-Setting.
- Mr. Engeran asked where would be the best place to address how the GEN is applied. Mr. Vincent-Jones suggested it be raised after the August Commission meeting since there are layers to the subject, including both what is in it and how the administrative agency applies it.
- Mr. Freehill said there is a standard for the distribution of funds among geographic regions. On August 16, 2002, OAPP provided a report which describes the process in depth. GEN may vary from the estimate of need for a variety of reasons, both good and bad. Each time funds are reallocated, whether through renewal of contracts or changes in funding, there is an effort to more closely meet the GEN. For example, if there is an existing discrepancy, allocations whether of increases or decreases, will be done in such a way as to reduce the discrepancy which will lead to different percentages of funding in different areas.

2. ***Service Category Summary Sheets:*** While up North, Mr. Vincent-Jones visited the San Francisco Planning Council. They use a service category summary to assist in the priority- and allocation-process, which he found useful and has adapted to local needs and specifics.
   - Mr. Vincent-Jones noted that P&P, SOC, Finance and OAPP will contribute information to the form.
   - Mr. Land added that, while it would not be possible to fill the summaries out completely this year, it would be possible to begin the process of summarizing information through the form.

   MOTION #9: ***Passed by Consensus.***
3. ***Comprehensive Care Plan (CCP) Timelines:*** A revised timeline for CCP revisions is in the packet. It takes into consideration the current level of Commission staffing as well as resources that have had to be diverted to other areas like the office move.
   - Ms. Adams suggested reviewing how Geographic Estimate of Need (GEN) is determined. Some agencies were cut by 15% based on GEN, which she felt was unfounded. She is raising it now as she will be resigning from the Commission with this meeting.

   MOTION #10: ***Passed by Consensus.***
4. ***Year 14 Revised Allocations:*** Mr. Land called attention to the communications from Mr. Vincent-Jones to the Health Deputies and from the Commission Co-Chairs to service providers regarding Year 14 funding cuts.
   - Mr. Engeran noted that Mr. Vincent-Jones had also made a presentation to the Health Deputies that week on the Commission. Some explanation of service spending cuts also occurred at that time.

E. **Finance Committee**: Mr. Ma reported.

1. ***Financial Reports:*** The Title I and II financial reports were in the packet.
   - Expenditures are through April 2004.
   - There are no delinquent agencies.
2. ***Year 14 PC Support Expenditures:*** The PC budget and to-date expenditures through May 2004 was included the packet.
   - Mr. Vincent-Jones noted that, with an office separate from Health Services, there is also a separate budget.
   - The PC Budget will be reported monthly to the Finance Committee; they voted to report to the Commission quarterly.
   - A cash flow statement to better predict monthly expenses will be developed once more staff are on board.
   - The only major variance from projections at this time is $37,281 in additional Information Technology Services. It reflects new equipment that was underestimated by the Executive Office. The amount will be accommodated from elsewhere in the budget, for example, since staff hiring is somewhat behind projected completion figures, personnel expenses are above what are needed.
   - Mr. Engeran asked how budget adjustments would be accomplished. Mr. Vincent-Jones replied that, since the administrative agency actually handles the grant, that would need to be done through an MOU mechanism. Meetings on developing the MOU are just beginning.
3. ***Year 15 Assessment of the Administrative Mechanism Plan:*** Ms. Bailey said a letter will be forwarded to OAPP regarding the process. While it is not necessary to submit the Administrative Mechanism with the Title I

application package, there are 35 recommendations from the past year. Reports on these will be presented as they are addressed. Mr. Vincent-Jones added that Jo Messore, Project Officer, had confirmed that a new one need not be submitted this year, but that HRSA would be looking at how well previous recommendations were followed up.

VIII. **OAPP REPORT:** Mr. Freehill reported for Mr. Henry, who was out-of-town.

- As noted earlier, the Therapeutic Monitoring Program (TMP) seems to be holding its own. There is no information, however, as to how the program would be implemented. That is important since some forms of implementation would not allow funds to be used for budget relief.
- The department has worked to develop funds to offset reductions and, as a result, the residential and hospice service reductions have been rescinded. A communication updating the situation for the Health Deputies was distributed.
- Mr. Engeran said he had thought that Net County Cost (NCC) had supported more than just residential and hospice services. He asked for clarification. Mr. Freehill said there had been fewer new funds available than would have been needed to offset the entire planned reduction, so the decision was made to backfill those two. Ms. Gibson elaborated that the original cut was about $380K and about $250K was identified to offset it. Home-based case management, a service category that is not Commission-funded, was not back-filled.
- The guidance for the Title I application was supposed to have been released on July 1st with a planned submission date of October 1st. To date the guidance has not been received.
- Preliminary word is that the application is streamlined. While that can be simpler physically to prepare, Los Angeles has a large and complex program that can be difficult to accurately describe in a small space.
- The deadline for the Prevention RFP has been extended to 4:00 p.m. on Friday, July 9th. Agencies were notified by email and some phone calls.
- Ms. Watt asked why the deadline was extended. He replied that there were many fewer proposals than expected; none in some categories. Response was very poor in some geographic areas and populations. It was hoped that extending the RFP by a few days would facilitate additional applicants without necessitating the extra work and potential disruption of services involved in a re-bid of the RFP.
- Ms. Watt asked if it was not possible to assess potential service gaps in advance of releasing the RFP. Mr. Freehill replied that in some service categories there were letters of intent, but others garnered none.
- Mr. Acosta felt that agencies who worked hard to meet the deadline are put at a disadvantage when others are afforded more time.
- Ms. DeAugustine noted there is an appeal process to address issues of this nature.
- Ms. Kaplan noted that it is necessary to contract services in a variety of areas. Some agencies are better equipped in staff and experience to prepare proposals than others, and often those others are precisely the ones most needed to reach underserved populations.
- Mr. Engeran said it was important to have confidence in the administrative agency's ability to procure services in a way that is consistent. He added that he questioned the competence of an agency that needed additional time to prepare its application. He recommended the Commission address the issue formally. Mr. Land recommended the subject be included in the Assessment of the Administrative Mechanism.
- Mr. Freehill agreed there was a systemic problem, but the system consists not only of OAPP. It was a difficult decision to extend the deadline, with the primary consideration being to ensure service continuation.

IX. **DIRECTOR'S REPORT**: Mr. Vincent-Jones introduced the new Commission Secretary, Virginia Gomez.

- He noted this month was the first attempt to provide the packet on-line. Due to the size of the document, it was hard for some people to access. Next month it will be put up in parts to make it easier to download.
- In order to ensure the ability to provide the packet in advance, the deadline of the Friday before the Commission for materials will be enforced. It is understood that occasionally there will be emergency documents, but they should be the exception.

A. **"Maintaining EMA Relations" Training**: Emily Gantz McKay will conduct the training again on July 29th, 10:00 a.m. to 12:00 noon. on the 8th Floor of Metroplex Wilshire. Ms. McKay, he noted, is a nationally renowned technical assistance provider and contractor who is very familiar with HRSA, Title I and Ryan White CARE Act issues. She conducts this valuable training across the country. Please RSVP. In addition to Commissioners, regular public members of committees or others who you identify as people who might want to become more involved in the community planning process are welcome.

B. **Staffing Progress**: The managerial item examinations were closed and interviews will begin shortly. There will also be three administrative assistants serving as coordinators: Ms. Werner for JPP and RD&B; Ms. Nachazel for

Finance and SOC; the third, not yet hired, for P&P. Mr. Vincent-Jones said he and Ms. Gomez will be responsible for the Commission and the Executive Committee.

C. **St. Anne's Meeting Space**: The rates have been raised. In order to better bring the Commission into the community, it is hoped to rotate locations eventually. However, that requires more staff. Meanwhile, it is possible that the meeting may move to a less expensive venue.
   - It was noted that some people are limited to the Metropolitan Transit Authority boundaries, so potential sites should be considered in that light.

X. **CO-CHAIR'S REPORT**:

A. **Meeting Lengths**: Ms. DeAugustine noted there was a motion to extend the regular meeting due to the amount of material. It was agreed to postpone the motion as many people had had to leave.
   - Mr. Engeran recommended also considering the Executive Committee discussion on possible rotation of some of the regular reports

MOTION #11: ***Postponed.***

XI. **PREVENTION PLANNING COMMITTEE (PPC) REPORT**

The PPC members noted that the PPC had also discussed names-based reporting and were in concurrence with the Commission's decision.

XII. **COMMISSIONER COMMENT:**
- Mr. Land thanked Mr. Vincent-Jones for speaking at the SPNs. It has enriched their discussions.
- Mr. Acosta suggested a penalty for agencies who submit applications after the original deadline. Further, if two agencies submit proposals for the same SPA and one did not meet the original deadline, the one that met that deadline should receive the contract.

XIII. **ANNOUNCEMENTS**: Jayne Adams will be leaving Los Angeles to accept an opportunity to work in South America, working for the United Nations. She was thanked for her time and contributions to the Commission.

XIV. **ADJOURNMENT**: The meeting adjourned at 2:00 p.m.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda.	***Passed by Consensus***	**Motion Passes**
MOTION #2: Approve minutes of the June 10, 2004 meeting with corrections: 1) page 3, C, 1, first bullet, change "substance abuse prevention" to "counseling and testing"; 2) page 3, C, 1, second bullet, change "5%" to "5% to 20%"; 3) page 3, C, 1, second bullet, change "the guidance does not restrict funds" to "there is a question as to whether or not the guidance restricts any funds".	***Passed by Consensus***	**Motion Passes**
MOTION #3: Devote the Commission's Annual meeting in November 2004 to Reauthorization.	***Passed by Consensus***	**Motion Passes**
MOTION #4A: Delete Point 3 of Motion.	***Passed by Consensus***	**Motion Passes**
MOTION #4B: Add amendment to ensure an educational component for the community.	***Passed by Consensus***	**Motion Passes**
MOTION #4C: Postpone voting on Motion 4 until the September Commission meeting.	***Ayes**: Eastman, Giugni, Gray* ***Opposed**: Acosta, Aguilar, Bailey, Butler, Carter, DeAugustine, Engeran, Fuentes, Briggs, Griggs, Johnson-Heath, Kaplan, Land, Long, Ma, Marte, Caranto, Mendia, Ortega, Parra Palomo, Schwartz, Watt,* ***Abstentions**: Adams, Hamilton*	**Motion Fails** **Ayes: 3** **Opposed: 23** **Abstentions: 2**
MOTION #4: Approve the proposed policy modification favoring names-based HIV reporting, which entails the following outcomes: 1) Support to replace the code-based HIV reporting system in current use statewide with a names-based HIV reporting system; 2) Ongoing support for the availability of anonymous HIV testing alongside confidential HIV testing; 3) (Removed;) 4) Collaboration with the Los Angeles County Department of Health Services (DHS), its Office of AIDS Programs and Policy (OAPP), HIV Epidemiology Program (HEP), Public Health Commission and Los Angeles County Counsel to draft a letter to the Los Angeles County Board of Supervisors encouraging their support of same position; 5) Organization with all above listed partners, and others as identified, to plan and implement conversion to a names-based HIV surveillance	***Ayes:** Adams, Aguilar, Bailey, Butler, Carter, DeAugustine, Engeran, Fuentes, Briggs, Griggs, Johnson-Heath, Kaplan, Land, Long, Ma, Marte, Caranto, Mendia, Ortega, Parra, Palomo, Schwartz, Hamilton, Watt* ***Opposed:** Acosta, Eastman, Giugni, Gray* ***Abstentions:** none*	**Motion Passes** **Ayes: 24** **Opposed: 4** **Abstentions: 0**

system within Los Angeles County limits, as soon as possible; 6) Advocacy at a state level to modify the State's position to one supporting names-based HIV surveillance; 7) Continued advocacy with other partners throughout the State for CDC to include codes-based data in their HIV/AIDS statistical summaries.		
MOTION #5: Close the public comment period and adopt the revised Commission on HIV Health Services membership application, incorporating community feedback received during the prior month, as presented with correction of OAPP name on page 10, cut off line on page 3, and correction of Title II seat name to "Title II Fiscal Agent".	***Passed by Consensus***	**Motion Passes**
MOTION #6: Adopt the proposed Nominee Evaluation and Scoring Form in accordance with the new, proposed Commission on HIV Health Services membership structure and application.	***Passed by Consensus***	**Motion Passes**
MOTION #7: In adopting the CDC recommendations for incorporating prevention into primary health care as Medical Outpatient standards of care, the Standards of Care (SOC) recommends the following actions: 1) The administrative agency (OAPP) should integrate the guidelines and protocols from the CDC recommendations into the ongoing Medical Outpatient rate study; 2) OAPP should send the CDC recommendations to all provider Medical Directors with a cover letter from the Commission Co-Chairs informing the providers that the Commission has adopted the standards; 3) The communication with the Medical Directors should direct them to report back within four months how they have implemented the recommendations at their sites, and OAPP will present the agregate results back to the Commission. 4) SOC will develop outcomes for prevention in primary health care as part of the standards development process. 5) SOC will work with local AETCs to	***Passed by Consensus***	**Motion Passes**

ensure that the issues encompassed by the CDC recommendations are incorporated into relevant trainings. 6) SOC will present their plans and work to the Prevention Planning Committee (PPC).		
MOTION #8: Accept the proposed process to develop new and revised standards of care for all funded service categories over the course of the following year, as presented.	***Passed by Consensus***	**Motion Passes**
MOTION #9: Adopt the proposed Service Category Summary Sheets as templates for the Year 15 Priority- and Allocation-Setting Process, as presented.	***Passed by Consensus***	**Motion Passes**
MOTION #10: Accept the revised timeline for revising the Comprehensive Care Plan, as presented.	***Passed by Consensus***	**Motion Passes**
MOTION #11: Modify regular Commission on HIV Health Services meeting times from 9:30 am – 1:30 pm to 9:00 am – 3:00 pm starting with the August meeting.	***Postponed***	**Motion Postponed**